



South Carolina Department of
Agriculture
P.O. Box 11280
Columbia, South Carolina 29211

Hugh E. Weathers, Commissioner

**SOUTH CAROLINA WEIGHMASTER AND DEPUTY
APPLICATION FOR Period through – June 30, 2011**

***** \$7.00 FOR EACH NEW WEIGHMASTER *****
***** \$3.00 FOR EACH NEW DEPUTY *****
WEIGHMASTER SEAL - \$28.10

Each public weighmaster shall obtain from the Commissioner of Agriculture a public weighmaster stamp for stamping all issued certificates. A stamp shall be at each place of business that a public or deputy weighmaster is weighing, measuring, or counting. The stamp shall be the property of the State and shall be forfeited and returned to the Department of Agriculture upon termination of public weighmaster duties.

WEIGHMASTER

NAME (Please **TYPE OR PRINT** clearly)

COMPANY REPRESENTED

BUSINESS MAILING ADDRESS

CITY ST ZIP

EMAIL ADDRESS

Would you like to receive your renewal notice by email? Yes No

DEPUTY WEIGHMASTER

NAME (Please **TYPE OR PRINT** clearly)

COMPANY REPRESENTED

BUSINESS MAILING ADDRESS

CITY ST ZIP

FOR OFFICE USE ONLY

Receipt No. _____

Check Name: _____

Check No. _____

Check Amt: \$ _____

Fund No. 3289

*Please return this form with your
payment for seal(s) and the total license
fee. You may obtain additional forms at:
<https://agriculture.sc.gov> and click the Forms
link.*

AFFIDAVIT

I hereby make application to obtain a
Public Weighmaster License. I understand
that by signing my application and making
remittance that I affirm that I have read
and understand the laws, rules and
regulations and agree to comply with the
same.

BUSINESS PHONE NUMBER

ALTERNATE PHONE NUMBER

SIGNATURE OF WEIGHMASTER

DATE

BUSINESS PHONE NUMBER

ALTERNATE PHONE NUMBER

SIGNATURE OF DEPUTY

DATE

Please duplicate this sheet for additional deputies.

DEPUTY WEIGHMASTER

NAME (Please **TYPE OR PRINT** clearly)

COMPANY REPRESENTED

BUSINESS MAILING ADDRESS

CITYSTZIP

BUSINESS PHONE NUMBER

ALTERNATE PHONE NUMBER

SIGNATURE OF DEPUTY

DATE

DEPUTY WEIGHMASTER

NAME (Please **TYPE OR PRINT** clearly)

COMPANY REPRESENTED

BUSINESS MAILING ADDRESS

CITYSTZIP

BUSINESS PHONE NUMBER

ALTERNATE PHONE NUMBER

SIGNATURE OF DEPUTY

DATE

DEPUTY WEIGHMASTER

NAME (Please **TYPE OR PRINT** clearly)

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BUSINESS PHONE NUMBER

ALTERNATE PHONE NUMBER

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DATE